

**VESSEL APPLICATION
FOR HIGH SEAS FISHING**

United States Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Alaska Region
P.O. Box 21668
Juneau, Alaska 99802-1668



**NOTE: Application fee of \$50 in the form of a check or money order made payable to:
"U.S. Department of Commerce - NOAA" must accompany each application.**

1. U.S.C.G. Number	2. Vessel name		
3. IRCS	4. Vessel type	5. Number of crew	6. Total hold capacity in cubic meters

7. Owner name (last, first, middle initial). If corporation or partnership, see instructions.

Street address

City, state, zipcode

Voice phone

Fax phone

8. Operator name (last, first, middle initial).

Street address

City, state, zipcode

Voice phone

Fax phone

9. Name of agent for service of legal process (last, first, middle initial)

Street address

City, state, zipcode

Voice phone

Fax phone

<p>10. Indicate Agreements (see attached list), if any, under which the vessel identified above intends to conduct fishing operations on the high seas</p>										
<p>11. Indicate FAO statistical area(s) (see attached list) in which the vessel identified above intends to conduct fishing operations on the high seas</p>										
<p>12. Has the vessel identified above flown the flag of another nation within the last three years?</p> <p style="text-align: center;">Yes _____. No _____.</p> <p>If yes, list and attach the following information ON A SEPARATE PIECE OF PAPER for each period during which the vessel operated under other than the U.S. flag:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Period,</td> <td style="width: 33%;">Vessel Name,</td> <td style="width: 33%;">Flag,</td> </tr> <tr> <td>IRCS,</td> <td>Homeport,</td> <td>Owner Name/Address/Phone/Fax,</td> </tr> <tr> <td colspan="3">Operator Name/Address/ Phone/Fax.</td> </tr> </table>	Period,	Vessel Name,	Flag,	IRCS,	Homeport,	Owner Name/Address/Phone/Fax,	Operator Name/Address/ Phone/Fax.			
Period,	Vessel Name,	Flag,								
IRCS,	Homeport,	Owner Name/Address/Phone/Fax,								
Operator Name/Address/ Phone/Fax.										
<p>13. Has the vessel identified above, under its current name/flag, or any previous names/flags, had any permit or license suspended or revoked within the past three years?</p> <p style="text-align: center;">Yes _____. No _____.</p> <p>If yes, list and attach ON A SEPARATE PIECE OF PAPER the circumstances surrounding each such instance and include an explanation of the current status of the suspension or revocation.</p>										

SIGNATURE		
By signing this application, the undersigned owner, operator, or legally authorized agent of the owner of the vessel identified above, declares under penalty of law that all information in this application is true, accurate and complete.		
Date	Signature	Print name

Submission of application information is mandatory in order to be considered for a permit and is used in determining if a permit should be issued. Application information is not confidential. The public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, Office of Sustainable Fisheries, 1315 East West Highway, Silver Spring, MD 20910. Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.